	PATENT			er 1, 2001	ION RECO	RD	10/0	) /	889	7
		SMALL E	OTHER THAN OR SMALL ENTITY							
TO	OTAL CLAIMS					RATE	FEE	1	RATE	FEE
FC	)R		NUMBER FILED NUMB		BER EXTRA	BASIC FE	Ę	OR	BASIC FEE	
TC	TAL CHARGE	ABLE CLAIMS	minus 20= *			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = *			X42=		OR	X84=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT							
* 1f	the difference	e in column 1 is	less than zero, enter "0" in column 2			+140= TOTAL		OR		
							L	OR	TOTAL	
	CLAMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	##	=	X\$ 9=		OR	X\$18=	
ME	Independent	:	Minus	***	=	X42=		OR	X84=	pris.
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM		+140=			+280=	
						TOTAL		OR	TOTAL	
		(Column 4)		(Column 0)	(Caluma 2)	ADDIT. FEE	<u> </u>	OR	ADDIT. FEE	
<b>—</b>		(Column 1) CLAIMS	•	(Column 2) HIGHEST	(Column 3)		ADDI-	i. 1		ADDI-
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE:	TIONAL FEE
AMENDMENT	Total		Minus	***	=	X\$ 9=		OR	X\$18=	
	Independent	1.34 2.35 3.40	Minus 💥	***	= 1	X42=		OR	X84=	1111
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					440	ga bara	, J.	200	
						+140= TOTAL	<b>-</b>	OR	+280=3	
	ure ( kar t					ADDIT. FEE		OR	ADDIT. FEE	
	<b>等中部排列</b>	(Column 1)		(Column 2)	(Column 3)	\$ 100 m				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
PM	Total	*	Minus	##	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	###	= .	X42=			X84=	, ··
ك	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT CLAIM		·		OR	-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								OR	TOTAL ADDIT. FEE	
				S SPACE is less the Independent) is the		found in the ap	propriate box	c in coh	umn 1.	•

公の職等 審議部等 しのりにの様

Application or Docket Number